

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

TEXAS SPINE AND JOINT HOSPITAL PAC

ADDRESS (number and street)

1814 ROSELAND BLVD

☐ Check if different than previously reported. (ACC)

TYLER

TX

75701

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00437525

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2013

through

M M M / D D D / Y Y Y Y Y Y
09 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ANTHONY WAHL

Signature of Treasurer

ANTHONY WAHL

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 14 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TEXAS SPINE AND JOINT HOSPITAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y 09 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		18423.94
(b) Cash on Hand at Beginning of Reporting Period.....	37460.94	
(c) Total Receipts (from Line 19)	16277.00	42814.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	53737.94	61237.94
7. Total Disbursements (from Line 31)	13600.00	21100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40137.94	40137.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TEXAS SPINE AND JOINT HOSPITAL PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	16207.00	39863.00
(ii) Unitemized	70.00	2951.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	16277.00	42814.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	16277.00	42814.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ►	16277.00	42814.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	16277.00	42814.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13600.00	21100.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13600.00	21100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13600.00	21100.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	16277.00	42814.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16277.00	42814.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. TIMOTHY BECK

Mailing Address 9132 CHEROKEE TRAIL

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : SA11AI.5407

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. TIMOTHY BECK

Mailing Address 9132 CHEROKEE TRAIL

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2013

Transaction ID : SA11AI.5437

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. TIMOTHY BECK

Mailing Address 9132 CHEROKEE TRAIL

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.5469

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 35
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JOHNATHAN BLAU

Mailing Address 9132 CHEROKEE TRAIL

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 31 2013

Transaction ID : SA11AI.5414

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. JOHNATHAN BLAU

Mailing Address 9132 CHEROKEE TRAIL

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 30 2013

Transaction ID : SA11AI.5447

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. TROY CALLENDER

Mailing Address 3413 GOLDEN ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

656.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 31 2013

Transaction ID : SA11AI.5410

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

165.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. TROY CALLENDER

Mailing Address 3413 GOLDEN ROAD

City
TYLER

State Zip Code
TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

761.00

Date of Receipt

08 / 31 / 2013

Transaction ID : SA11AI.5441

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

B. TROY CALLENDER

Mailing Address 3413 GOLDEN ROAD

City
TYLER

State Zip Code
TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

901.00

Date of Receipt

09 / 30 / 2013

Transaction ID : SA11AI.5472

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

C. AARON CALODNEY

Mailing Address 17909 CR 132

City
FLINT

State Zip Code
TX 75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1853.00

Date of Receipt

07 / 31 / 2013

Transaction ID : SA11AI.5383

Amount of Each Receipt this Period

294.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

539.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. AARON CALODNEY

Mailing Address 17909 CR 132

City
FLINT

State
TX

Zip Code
75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2147.00

Date of Receipt

08 / 31 / 2013

Transaction ID : SA11AI.5415

Amount of Each Receipt this Period

294.00

Full Name (Last, First, Middle Initial)

B. AARON CALODNEY

Mailing Address 17909 CR 132

City
FLINT

State
TX

Zip Code
75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2539.00

Date of Receipt

09 / 30 / 2013

Transaction ID : SA11AI.5448

Amount of Each Receipt this Period

392.00

Full Name (Last, First, Middle Initial)

C. JOHN CAMP

Mailing Address 606 CUMBERLAND ROAD

City
TYLER

State
TX

Zip Code
75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.00

Date of Receipt

07 / 31 / 2013

Transaction ID : SA11AI.5405

Amount of Each Receipt this Period

214.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JOHN CAMP

Mailing Address 606 CUMBERLAND ROAD

City State Zip Code
TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

08 / 31 / 2013

Transaction ID : SA11AI.5435

Amount of Each Receipt this Period

214.00

Full Name (Last, First, Middle Initial)

B. JOHN CAMP

Mailing Address 606 CUMBERLAND ROAD

City State Zip Code
TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1845.00

Date of Receipt

09 / 30 / 2013

Transaction ID : SA11AI.5467

Amount of Each Receipt this Period

285.00

Full Name (Last, First, Middle Initial)

C. STUART CRUTCHFIELD

Mailing Address 2066 CANBERRA COURT

City State Zip Code
TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1879.00

Date of Receipt

07 / 31 / 2013

Transaction ID : SA11AI.5385

Amount of Each Receipt this Period

298.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

797.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 35
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. STUART CRUTCHFIELD

Mailing Address 2066 CANBERRA COURT

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2177.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 31 2013

Transaction ID : SA11AI.5416

Amount of Each Receipt this Period

298.00

Full Name (Last, First, Middle Initial)

B. STUART CRUTCHFIELD

Mailing Address 2066 CANBERRA COURT

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2574.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 30 2013

Transaction ID : SA11AI.5449

Amount of Each Receipt this Period

397.00

Full Name (Last, First, Middle Initial)

C. GUY DANIELSON

Mailing Address 16950 FM 2661

City State Zip Code
 FLINT TX 75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 31 2013

Transaction ID : SA11AI.5386

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

778.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. GUY DANIELSON

Mailing Address 16950 FM 2661

City
FLINT

State
TX

Zip Code
75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.00

Date of Receipt

08 / 31 / 2013

Transaction ID : SA11AI.5417

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. GUY DANIELSON

Mailing Address 16950 FM 2661

City
FLINT

State
TX

Zip Code
75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

09 / 30 / 2013

Transaction ID : SA11AI.5450

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. ROBERT DENNIS

Mailing Address 1008 WILDER WOOD

City
TYLER

State
TX

Zip Code
75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1707.00

Date of Receipt

07 / 31 / 2013

Transaction ID : SA11AI.5387

Amount of Each Receipt this Period

271.00

SUBTOTAL of Receipts This Page (optional)..... ►

437.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. ROBERT DENNIS

Mailing Address 1008 WILDER WOOD

City	State	Zip Code
TYLER	TX	75703

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1978.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2013

Transaction ID : SA11AI.5418

Amount of Each Receipt this Period

271.00

Full Name (Last, First, Middle Initial)

B. ROBERT DENNIS

Mailing Address 1008 WILDER WOOD

City	State	Zip Code
TYLER	TX	75703

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2339.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : SA11AI.5451

Amount of Each Receipt this Period

361.00

Full Name (Last, First, Middle Initial)

C. PAUL DETWEILER

Mailing Address 3635 CANYON CREEK CIRCLE

City	State	Zip Code
TYLER	TX	75707

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1417.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : SA11AI.5388

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)..... ▶

857.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. PAUL DETWEILER

Mailing Address 3635 CANYON CREEK CIRCLE

City State Zip Code
 TYLER TX 75707

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1642.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 31 / 2013

Transaction ID : SA11AI.5419

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. PAUL DETWEILER

Mailing Address 3635 CANYON CREEK CIRCLE

City State Zip Code
 TYLER TX 75707

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1943.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11AI.5452

Amount of Each Receipt this Period

301.00

Full Name (Last, First, Middle Initial)

C. KIM FOREMAN

Mailing Address 107 BELMEAD LANE

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : SA11AI.5406

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

626.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. KIM FOREMAN

Mailing Address 107 BELMEAD LANE

City State Zip Code
TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

721.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2013

Transaction ID : SA11AI.5436

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. KIM FOREMAN

Mailing Address 107 BELMEAD LANE

City State Zip Code
TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

854.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.5468

Amount of Each Receipt this Period

133.00

Full Name (Last, First, Middle Initial)

C. HOWARD GARB

Mailing Address 3414 GOLDEN ROAD

City State Zip Code
TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

596.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2013

Transaction ID : SA11AI.5411

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

329.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. HOWARD GARB

Mailing Address 3414 GOLDEN ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.00

Date of Receipt

08 / 31 / 2013

Transaction ID : SA11AI.5442

Amount of Each Receipt this Period

96.00

Full Name (Last, First, Middle Initial)

B. HOWARD GARB

Mailing Address 3414 GOLDEN ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

09 / 30 / 2013

Transaction ID : SA11AI.5473

Amount of Each Receipt this Period

128.00

Full Name (Last, First, Middle Initial)

C. GARY GOODFRIED

Mailing Address 19140 FALLS CREEK

City State Zip Code
 FLINT TX 75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1797.00

Date of Receipt

07 / 31 / 2013

Transaction ID : SA11AI.5389

Amount of Each Receipt this Period

287.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

511.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 35

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. GARY GOODFRIED

Mailing Address 19140 FALLS CREEK

City
FLINT

State
TX

Zip Code
75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2084.00

Date of Receipt

08 / 31 / 2013

Transaction ID : SA11AI.5420

Amount of Each Receipt this Period

287.00

Full Name (Last, First, Middle Initial)

B. GARY GOODFRIED

Mailing Address 19140 FALLS CREEK

City
FLINT

State
TX

Zip Code
75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2467.00

Date of Receipt

09 / 30 / 2013

Transaction ID : SA11AI.5453

Amount of Each Receipt this Period

383.00

Full Name (Last, First, Middle Initial)

C. CHARLES GORDON

Mailing Address 7302 HOLLYTREE DRIVE

City
TYLER

State
TN

Zip Code
75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1917.00

Date of Receipt

07 / 31 / 2013

Transaction ID : SA11AI.5390

Amount of Each Receipt this Period

304.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

974.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. CHARLES GORDON

Mailing Address 7302 HOLLYTREE DRIVE

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2221.00

Date of Receipt

08 / 31 / 2013

Transaction ID : SA11AI.5421

Amount of Each Receipt this Period

304.00

Full Name (Last, First, Middle Initial)

B. CHARLES GORDON

Mailing Address 7302 HOLLYTREE DRIVE

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2627.00

Date of Receipt

09 / 30 / 2013

Transaction ID : SA11AI.5454

Amount of Each Receipt this Period

406.00

Full Name (Last, First, Middle Initial)

C. THOMAS GRAHAM

Mailing Address 533 WILDER WAY

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1853.00

Date of Receipt

07 / 31 / 2013

Transaction ID : SA11AI.5392

Amount of Each Receipt this Period

294.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1004.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. THOMAS GRAHAM

Mailing Address 533 WILDER WAY

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2147.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2013

Transaction ID : SA11AI.5422

Amount of Each Receipt this Period

294.00

Full Name (Last, First, Middle Initial)

B. THOMAS GRAHAM

Mailing Address 533 WILDER WAY

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2539.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.5455

Amount of Each Receipt this Period

392.00

Full Name (Last, First, Middle Initial)

C. DUANE GRIFFITH

Mailing Address 7113 TURNBERRY CIRCLE

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2013

Transaction ID : SA11AI.5413

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

771.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 35
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. DUANE GRIFFITH

Mailing Address 7113 TURNBERRY CIRCLE

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

623.00

Date of Receipt

08 / 31 / 2013

Transaction ID : SA11AI.5446

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. DUANE GRIFFITH

Mailing Address 7113 TURNBERRY CIRCLE

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.00

Date of Receipt

09 / 30 / 2013

Transaction ID : SA11AI.5476

Amount of Each Receipt this Period

113.00

Full Name (Last, First, Middle Initial)

C. JAMES HARRIS

Mailing Address 9243 CHISHOLM TRAIL

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 31 / 2013

Transaction ID : SA11AI.5394

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

298.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JAMES HARRIS

Mailing Address 9243 CHISHOLM TRAIL

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2013

Transaction ID : SA11AI.5423

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. JAMES HARRIS

Mailing Address 9243 CHISHOLM TRAIL

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 30 2013

Transaction ID : SA11AI.5456

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. STEUART HEATON

Mailing Address 3413 GOLDEN ROAD

City State Zip Code
 TYLERT TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 31 2013

Transaction ID : SA11AI.5409

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

283.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 35
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. STEUART HEATON

Mailing Address 3413 GOLDEN ROAD

City State Zip Code
 TYLERT TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

582.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 31 2013

Transaction ID : SA11AI.5440

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. STEUART HEATON

Mailing Address 3413 GOLDEN ROAD

City State Zip Code
 TYLERT TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 30 2013

Transaction ID : SA11AI.5471

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. JEFF HUNTER

Mailing Address 3415 GOLDEN ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 31 2013

Transaction ID : SA11AI.5412

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

241.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JEFF HUNTER

Mailing Address 3415 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

08 / 31 / 2013

Transaction ID : SA11AI.5444

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. JEFF HUNTER

Mailing Address 3415 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

09 / 30 / 2013

Transaction ID : SA11AI.5475

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MATT JONES

Mailing Address 3414 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

498.00

Date of Receipt

07 / 31 / 2013

Transaction ID : SA11AI.5408

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

258.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. MATT JONES

Mailing Address 3414 GOLDEN ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.00

Date of Receipt

08 / 31 / 2013

Transaction ID : SA11AI.5439

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. MATT JONES

Mailing Address 3414 GOLDEN ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

09 / 30 / 2013

Transaction ID : SA11AI.5470

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. JON LEDLIE

Mailing Address 6166 QUAIL CREEK

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1002.00

Date of Receipt

07 / 31 / 2013

Transaction ID : SA11AI.5395

Amount of Each Receipt this Period

167.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

333.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 35
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JON LEDLIE

Mailing Address 6166 QUAIL CREEK

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1169.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 31 2013

Transaction ID : SA11AI.5424

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

B. JON LEDLIE

Mailing Address 6166 QUAIL CREEK

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1336.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 30 2013

Transaction ID : SA11AI.5457

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

C. JAMES MICHAELS

Mailing Address 2013 HOLLY CREEK DR.

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1865.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 31 2013

Transaction ID : SA11AI.5396

Amount of Each Receipt this Period

296.00

SUBTOTAL of Receipts This Page (optional)..... ►

630.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 35
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JAMES MICHAELS

Mailing Address 2013 HOLLY CREEK DR.

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2161.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 31 / 2013

Transaction ID : SA11AI.5425

Amount of Each Receipt this Period

296.00

Full Name (Last, First, Middle Initial)

B. JAMES MICHAELS

Mailing Address 2013 HOLLY CREEK DR.

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2555.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11AI.5458

Amount of Each Receipt this Period

394.00

Full Name (Last, First, Middle Initial)

C. JOHN PRIDDY

Mailing Address 17950 TIMOTHY CT.

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

874.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : SA11AI.5404

Amount of Each Receipt this Period

138.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

828.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 35
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JOHN PRIDDY

Mailing Address 17950 TIMOTHY CT.

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 31 2013

Transaction ID : SA11AI.5434

Amount of Each Receipt this Period

138.00

Full Name (Last, First, Middle Initial)

B. JOHN PRIDDY

Mailing Address 17950 TIMOTHY CT.

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1196.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 30 2013

Transaction ID : SA11AI.5466

Amount of Each Receipt this Period

184.00

Full Name (Last, First, Middle Initial)

C. TODD RAABE

Mailing Address 16987 FM 756

City State Zip Code
 WHITEHOUSE TX 75791

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2381.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 31 2013

Transaction ID : SA11AI.5397

Amount of Each Receipt this Period

376.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

698.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. TODD RAABE

Mailing Address 16987 FM 756

City

WHITEHOUSE

State

TX

Zip Code

75791

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2757.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2013

Transaction ID : SA11AI.5426

Amount of Each Receipt this Period

376.00

Full Name (Last, First, Middle Initial)

B. TODD RAABE

Mailing Address 16987 FM 756

City

WHITEHOUSE

State

TX

Zip Code

75791

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3258.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.5459

Amount of Each Receipt this Period

501.00

Full Name (Last, First, Middle Initial)

C. MARK RENFRO

Mailing Address 2737 OLD BULLARD ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1492.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2013

Transaction ID : SA11AI.5398

Amount of Each Receipt this Period

237.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1114.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 35
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. MARK RENFRO

Mailing Address 2737 OLD BULLARD ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1729.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 31 2013

Transaction ID : SA11AI.5427

Amount of Each Receipt this Period

237.00

Full Name (Last, First, Middle Initial)

B. MARK RENFRO

Mailing Address 2737 OLD BULLARD ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2045.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 30 2013

Transaction ID : SA11AI.5460

Amount of Each Receipt this Period

316.00

Full Name (Last, First, Middle Initial)

C. MICHAEL RUSSELL

Mailing Address 5930 BRIKWORTH

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1773.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 31 2013

Transaction ID : SA11AI.5399

Amount of Each Receipt this Period

280.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL RUSSELL

Mailing Address 5930 BRIKWORTH

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2053.00

Date of Receipt

08 / 31 / 2013

Transaction ID : SA11AI.5428

Amount of Each Receipt this Period

280.00

Full Name (Last, First, Middle Initial)

B. MICHAEL RUSSELL

Mailing Address 5930 BRIKWORTH

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2426.00

Date of Receipt

09 / 30 / 2013

Transaction ID : SA11AI.5461

Amount of Each Receipt this Period

373.00

Full Name (Last, First, Middle Initial)

C. WILLIAM SCHREIBER

Mailing Address 6407 HOLLYTREE CIRCLE

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

07 / 31 / 2013

Transaction ID : SA11AI.5401

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

736.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 35
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM SCHREIBER

Mailing Address 6407 HOLLYTREE CIRCLE

City State Zip Code
 TYLER TN 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 31 2013

Transaction ID : SA11AI.5430

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. WILLIAM SCHREIBER

Mailing Address 6407 HOLLYTREE CIRCLE

City State Zip Code
 TYLER TN 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 30 2013

Transaction ID : SA11AI.5463

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. JERRY SCHWARZBACH

Mailing Address 8304 COLUMBIA DRIVE

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 31 2013

Transaction ID : SA11AI.5402

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

266.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JERRY SCHWARZBACH

Mailing Address 8304 COLUMBIA DRIVE

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

08 / 31 / 2013

Transaction ID : SA11AI.5431

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. JERRY SCHWARZBACH

Mailing Address 8304 COLUMBIA DRIVE

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 30 / 2013

Transaction ID : SA11AI.5464

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. CLAIRE TIBILETTI

Mailing Address 16690 DRIFTWOOD

City

TYLER

State

TX

Zip Code

75707

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1002.00

Date of Receipt

07 / 31 / 2013

Transaction ID : SA11AI.5403

Amount of Each Receipt this Period

167.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

367.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. **CLAIRE TIBILETTI**

Mailing Address 16690 DRIFTWOOD

City State Zip Code
 TYLER TX 75707

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1169.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 31 2013

Transaction ID : SA11AI.5432

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

B. **CLAIRE TIBILETTI**

Mailing Address 16690 DRIFTWOOD

City State Zip Code
 TYLER TX 75707

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1336.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 30 2013

Transaction ID : SA11AI.5465

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

334.00

TOTAL This Period (last page this line number only)..... ►

16207.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. CORNYN MAJORITY COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2013

Mailing Address PO BOX 13026

City	State	Zip Code
AUSTIN	TX	78711

Transaction ID : SB23.5481

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: TX District: 00

Full Name (Last, First, Middle Initial)

B. GREG ABBOTT CAMPAIGN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		25		2013

Mailing Address PO BOX 308

City	State	Zip Code
AUSTIN	TX	78767

Transaction ID : SB23.5487

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

1000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: TX District:

Full Name (Last, First, Middle Initial)

C. KEN PAXTON CAMPAIGN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2013

Mailing Address 5613 S. WOODCREEK CIRCLE

City	State	Zip Code
MCKINNEY	TX	75074

Transaction ID : SB23.5483

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

1000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: TX District: 08

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. LOUIE GOHMERT FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2013

Mailing Address PO BOX 8060

City	State	Zip Code
TYLER	TX	75711

Transaction ID : SB23.5478

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

2600.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: TX District: 01

Full Name (Last, First, Middle Initial)

B. LOUIE GOHMERT FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2013

Mailing Address PO BOX 8060

City	State	Zip Code
TYLER	TX	75711

Transaction ID : SB23.5480

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: TX District: 01

Full Name (Last, First, Middle Initial)

C. THE COMMITTEE TO PROTECT PROSPERITY & FREE ENTERPRISE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2013

Mailing Address PO BOX 30844

City	State	Zip Code
BETHESDA	MD	20824

Transaction ID : SB23.5485

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

3000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6600.00

13600.00